

**DEPARTMENT OF ENVIRONMENT AND CONSERVATION  
DIVISION OF WATER POLLUTION CONTROL**

**ADDRESS ATTACHMENT FOR NPDES PERMIT APPLICATION & STATE OPERATION PERMIT  
APPLICATION**

This must be filled out to complete your permit application.

**NPDES/STATE PERMIT NO.:** \_\_\_\_\_

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**CORPORATE HEADQUARTERS:** (Where the permit will go.)

CONTACT PERSON: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

STREET AND/OR P.O. BOX #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NO: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

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**PERMIT BILLING ADDRESS:** (Where the invoices will go.)

CONTACT PERSON: \_\_\_\_\_

FACILITY NAME: \_\_\_\_\_

STREET AND/OR P.O. BOX #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NO: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

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**FACILITY LOCATION:** (Where the inspectors will go.)

FACILITY NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

P.O. BOX #: \_\_\_\_\_ COUNTY: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NO: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

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**DMR MAILING ADDRESS:** (Where the pre-printed Discharge Monitoring Reports will go) (Does not apply to SOP Permits)

CONTACT PERSON: \_\_\_\_\_

FACILITY NAME: \_\_\_\_\_

STREET AND/OR P.O. BOX #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NO: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_